Health Regulation & Licensi	ng Administration			FORM APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUI	TIPLE CONSTRUCTION	T
		A BUILDING		(X3) DATE SURVEY COMPLETED
	f.			
	CPA-003	B WING		
NAME OF PROVIDER OR SUPPLIER	STOCET			09/30/2016
1			Y, STATE, ZIP CODE	
LUTHERAN SOCIAL SERVICE		EORGIA AVI NGTON, DC		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES				
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	RE COMPLETE
			DEFICIENCY)	RIATE DATE
S 000 Initial Comments		S 000		
As oppositions				
Sentember 20, 2016	survey was conducted on			
September 29, 2016 through September 30, 2016. The survey findings were based on staff				
interview and the review of seven (7) personnel				
records, based on a census of twenty-four (24)				
employees. Four (4) foster parent records based				
on a census of seven (7) foster parent/families				
and six (6) board member records based on a census of eleven (11) members.				
oondus of cleven (11)	members			
The survey findings were based on interview and				j)
the review of records.				
Note: The holoware	alalana di santa di sa			
Note: The below are abbreviations that may appear throughout the body of this report.				
	,			1
Board of Directors - Bi	OD			1
Child Placement Agency - CPA				
S 011 1602 5 BOARD OF DU	DECTORO			1
S 011 1602.5 BOARD OF DIRECTORS		S 011	In the transition from the previous CEO t	to the
Members of the Board shall be of good character as determined by letters of reference and criminal			new CEO in the beginning of 2016, the	1
			information on required references and resumes was lost.	1
background investigation	ons.		resumes was lost.	1
This CONDITION is no	er accessor of the second		All board members who are missing	
This CONDITION is not met as evidenced by: Based on interview and record review, the CPA			references will be required to submit	
failed to show evidence that letters of reference			reference documentation by 11/30/16.	1
had been obtained for each member of its Board			References will be filed in corresponding	- 1
of Directors, for six (6) of eleven (11) board			records immediately.	
members. (BODs #1, #2, #3, #4 #5 and #6)			All board members will be in compliance	.h
The findings include:			11/30/16. The CEO Assistant will be	Оу
			responsible for obtaining and filing refere	ences
On September 30, 2016, beginning at 10:05 a.m.,			and ensuring ongoing compliance.	
review of the CPA's 2016 records for Board of				ul)
Directors #1, #2, #3, #4 #5 and			Going forward, prospective board member	ers
#6 revealed no documented evidence of letters of			will be required to submit references prior	r to
reference			being appointed.	1

reference.

alth Regulation & Licensing Administration
BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(Alema)

6899

Exec. Director Children's Survices 7VNK11

(X6) DATE

If continuation sheet 1 of 3

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER A BUILDING COMPLETED CPA-003 8 WING 09/30/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4406 GEORGIA AVENUE NW LUTHERAN SOCIAL SERVICES OF NCA, INC WASHINGTON, DC 20011 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 011 Continued From page 1 New Board members will be made aware S 011 when the nomination is in process that they Interview with the facility's PD on September 30, will be expected to comply with this regulation. This regulation will also be added 2016, at 2:01 p.m. via telephone was conducted to inform Program Director of the surveyor's to the by-laws of the Board of Directors. findings. Continued discussion with the Program Director revealed that she was not aware that This amendment will be in effect by 11/30/16. letters of reference were required for each member of the board. At the time of the survey, there was no evidence that the CPA obtained letters of reference for all members of its Board of Directors. S 096 1611.1(d) Personnel Records S 096 (d) Annual performance evaluations signed by Performance evaluations have been done both the employee and supervisor; online. Going forward, these evaluations will be printed and reviewed by the supervisor with This CONDITION is not met as evidenced by: the employee. Once the review is complete, Based on record review and interview, the CPA failed to ensure that each personnel record the evaluation will be signed by both parties included performance evaluations and to ensure and given to the HR Assistant for filing in the personnel record. that the evaluations were signed by both the employee and the supervisor for four (4) of the Personnel records will be in compliance by twelve (12) records reviewed. (Employees #2, 11/30/16. The HR Assistant will ensure #4, #8, and #10) ongoing compliance by ensuring all evaluations are signed before filing. The findings include: The HR Assistant will monitor compliance On September 30, 2016, beginning at 10:34 a.m., through monthly internal audits. review of personnel records revealed that four (4) of 12 (twelve) employees (Employees #2, #4, #8, and #10) had been employed for more than a year. Continued review revealed the following: I. Employee #2's record revealed a date of hire of July 20, 2015. At the time of the survey, there was no documented evidence of an annual

ealth Regulation & Licensing Administration

TATE FORM

Schelle L. Calenan Exe Director Children's Services

Health Regulation & Licensina Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B WING CPA-003 09/30/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4406 GEORGIA AVENUE NW LUTHERAN SOCIAL SERVICES OF NCA, INC. WASHINGTON, DC 20011 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 096 Continued From page 2 S 096 performance evaluation after the employee's one year anniversary, (July 20, 2016) II. Employee #4's record included an annual performance evaluation dated October 1,2015. Although the evaluation was signed by the employee, there was no documented evidence of the signature of Employee #4's supervisor. III. Employee #S's record included an annual performance evaluation dated October 20, 2015. Although the evaluation was signed by the employee, there was no documented evidence of the signature of Employee #S's supervisor ... IV. Employee #10's record revealed a date of hire of February 2, 2015. At the time of the survey, there was there was no documented evidence of an annual performance evaluation after the employee's one year anniversary, (February 2, 2016). It should be noted that prior to the review of the personnel records on September 29, 2016, at 10:00 a.m., the surveyor was introduced to the CPA's Human Resources Coordinator. On the next day, September 30, 2016, at 10:2S a.m., the agency's Quality Assurance Manager, revealed that the Human Resources Coordinator would not be available for interview due to the agency's prescheduled job fair. On September 30, 2016, at 4:45 p.m., the clinical director and the records coordinator were present for the exit conference. The clinical director indicated that the aforementioned deficiencies would be reported to the CPA's Human Resources Coordinator on the next business day, because there was no one available to provide/address the missing performance evaluations.

Health Regulation & L1cens 1ng Administration

STATE FORM

Schille L. Caleman Exec. Duetor Children's Services 1/9/16